

## RESPIRATORY DISEASE

- ABCs/monitor cardiac rhythm.
- IV access, rate titrated to perfusion as needed.
- **Asthma/COPD:**
  - Albuterol
    - For wheezing or bronchospasm: 3 ml (2.5 mg) of a 0.083% solution nebulized. May repeat.
    - For severe asthma: 3 ml (2.5 mg) - 6 ml (5 mg) of a 0.083% solution nebulized.
    - Severe distress or impending respiratory failure Continuous treatment: 6 ml (5 mg) of a 0.083% solutions nebulized. May repeat.
  - Epinephrine 1:1000\*  
(known asthma with respiratory failure) 0.3 mg SQ once  
Base order required if:
    - age  $\geq$  40 years
    - cardiac history
    - no definite asthma history

\*Use Epinephrine only in life-threatening situations for patients with a history of hypertension or a systolic BP  $>150$ , and use lower dose.
- **CHF/Pulmonary Edema:**
  - Nitroglycerin: 0.4 mg SL if systolic BP  $\geq$  100  
0.8 mg SL if systolic BP  $\geq$  150  
  
Maximum of 3 doses may be given at 3-5 minute intervals.
  - Morphine sulfate: 2-20 mg IVP slowly.

### **Pediatric:**

- **Asthma/COPD:**
  - Albuterol
    - For wheezing or bronchospasm: 3 ml (2.5 mg) of a 0.083% solution nebulized. May repeat.
    - Severe distress or Impending respiratory failure Continuous treatment: 6 ml (5 mg) of a 0.083% solution nebulized. May repeat.
  - Epinephrine 1:1000
    - For bronchospasm in severe distress: 0.01 mg/kg SQ up to 0.3 mg maximum.

### **NOTES:**

- Absence of wheezing may be due to minimal air exchange.
- Albuterol may be nebulized into airway while using B-V-M or ETT ventilation if necessary.

Shaded text indicates BH order

Unshaded text indicates standing order

Approved:

Treatment:medical:M-30  
Implementation Date: 12-16-02